

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583468

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	19	←	←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓	↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						